

Minority Health Month Calendar of Events Form

Organization Information

Organization Name: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____

Contact person: _____

Event Information

Event Name: _____

Date: _____ Time: _____

Location: _____

Description of event: _____

Contact person: _____

Phone: _____ Email: _____

**Eliminate racial & ethnic health disparities by 2010.
Be part of the solution. Join us!!!**

Please return by **March 17, 2006** to:

Office of Minority Health, RI Dept of Health, ATTN: Elizabeth Castellano
3 Capitol Hill, Room 407, Providence, RI 02908

Tel: 401.222.2901 Fax: 401.273.4350 URL: www.health.ri.gov